

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF OHIO**

IN RE: : **CHAPTER 13 PROCEEDINGS**

Johntory Reese : **CASE NO. 18-61773**

Janice Kay Reese : **MODIFICATION OF**

: **CHAPTER 13 PLAN**

DEBTORS :

MODIFICATION OF CHAPTER 13 PLAN

Now comes Debtors by and through undersigned counsel, and respectfully request that the Court modify the Chapter 13 Plan as follows: Joint Debtor, Janice Kay Reese, requests that the plan payment be suspended beginning August 16, 2020 until October 4, 2020 for the reason that debtor is scheduled for surgery. See attached Ohio Health statement.

/s/ Giancarlo Variola

Giancarlo Variola (#0018308)
Attorney for Debtors
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Canton, OH 4470
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CERTIFICATE OF SERVICE

I, Giancarlo Variola, hereby certify that the foregoing Modification of Chapter 13 Plan was electronically transmitted on or about August 6TH 2020 via the Court's CM/ECF system to the following who are listed on the Court's Electronic Mail Notice List

U.S. Trustee

Dynele L. Schinker-Kuharick, Trustee – dlsk@chapter13canton.com

And by Regular Mail, Postage Prepaid to:

Creditors listed on the attached Creditor Address Matrix.

/s/ Giancarlo Variola

OhioHealth
Associate Health
3430 OhioHealth Parkway
Columbus, OH 43202

Janice Reese
78 S TRIMBLE RD
MANSFIELD, OH 44906

Date: 7/13/2020

Reminder: Timely processing of paperwork is required for an accurate and on-time paycheck. See additional information contained in this letter.

On 7/9/2020, you informed us that you needed leave beginning on 8/16/2020 for:

☒ **A Continuous Leave for your own serious health condition that makes you unable to perform the essential functions of your job (inability to work, attend school, or perform other regular daily activities due to serious health condition, treatment for condition, or recovery from condition)**

☐ **An Intermittent Leave or Reduced Schedule for yourself**

☐ **A Continuous serious health condition affecting your ___ spouse, ___ child, ___ parent, for which you are needed to provide care or comfort.**

☐ **An Intermittent Leave to care for your family member listed above**

☐ **The birth of a child, or the placement of a child with you for adoption or foster care.**

☐ **A qualifying exigency arising out of the fact that your ___ spouse, ___ child, or ___ parent is on active duty or having been notified of an impending call or order to covered active duty in the Armed Forces.**

☐ **Because you are the ___ spouse; ___ son or daughter; ___ parent; ___ next of kin of a covered service member with a serious injury or illness**

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.

☒ **Your FMLA leave request is APPROVED.** All leave taken for this reason will be designated as FMLA leave. The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement (provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement).

Policy	Status	Dates
Short Term Disability	Approved	8/16/2020 - 10/4/2020
Family Medical Leave Act	Approved	8/16/2020 - 10/4/2020

☐ **Because the leave you will need will be unscheduled (Intermittent), it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).**

date first seen for your serious health condition.

ADDITIONAL HELPFUL INFORMATION WHILE ON A MEDICAL LEAVE OF ABSENCE

- You must complete, sign, and return the attached OhioHealth Leave of Absence (LOA) FORM A to receive the optional TAP supplement benefit. **Note:** *By using TAP supplement, you may not have TAP hours available that you requested to use for future time off (e.g. vacations).* If you have questions please call Associate Health at (614) 566-4100.
- **If you have questions on your PAY during your medical LOA, contact Associate Health Leave Management Services at 614-566-4100.**
- For a **Medical (Temporary Disability)** related LOA, the first 3 days or 24 hours (whichever is less) is taken from your TAP bank and then TDP is paid at 70% of your hourly rate of pay for benefit eligible associates. If you have an SSP, it will be paid out instead of TDP with complete and sufficient medical certification. OhioHealth requires associates to use accrued paid leave for unpaid FMLA leave. Any paid leave used counts against your FMLA leave entitlement.
- The enclosed OhioHealth Medical Certification Form B can be completed by your provider to support an earlier RTW (return to work) with temporary restrictions that would allow you to get paid your regular rate of pay for the hours worked when accommodations can be made. Documentation of your restrictions is required two days prior to an accommodated work assignment.
- For a **Workers' Compensation (WC)** related LOA, lost time pay may begin once you have missed 7 full days of work, if the claim is certified. The first 7 days will be covered under SSP (supplemental sick pay); TAP (time away pay); or TDP (temporary disability pay). If you are off work for 14 consecutive days, your TAP and SSP hours will be reimbursed based on Bureau of Worker's Compensation (BWC) rules. WC is paid at 72% (first 12 weeks) then at 66 2/3%. There is a weekly maximum benefit. You may not collect sick pay benefits (SSP/TDP) while receiving WC pay.
- It is your responsibility to keep Associate Health and your manager informed of any changes to your expected leave and return to work date (e.g., if you will require more leave than originally anticipated, or if you will return to work earlier than expected) within two business days after you learn of such a change. If this is not possible despite your diligent good faith efforts, you must notify Associate Health of the change as soon as practicable under the circumstances.
- Your normal associate benefit premiums will be automatically deducted from your pay each pay period if you continue to receive a pay check while on leave. If any portion of your leave is unpaid, you must contact HR Benefits to make arrangements to pay any required share of your biweekly insurance premiums, if elected, to retain your health, dental, and/or vision insurance coverage.
- We will continue your coverage and recover your share of health, dental, and/or vision premiums if elected from you upon your return to work.
- **Important Contact Information**
 - **Associate Health:** 614-566-4100 (Leave Management Information)
 - **Benefits Department:** 614-533-8888 (option 2) (Maintenance of Group Health Benefits While on FMLA Leave)
 - An Associate Health case manager may be assigned to assist you if your initial continuous leave of absence is greater than a month.
 - If you have questions or if any of the information about your leave contained in this notice is incorrect or has changed, please contact our Leave Management Services Line at 614-566-4100 for assistance.

Sincerely,

Associate Health Leave Management Services

Phone: 614-566-4100 **Fax: 614-533-0039**

Possible Attachments:

Leave of Absence Forms